

North Tempe Multi-Generational Facility

ROOM RESERVATION REQUEST 2009



1555 N. Bridalwreath St, Tempe AZ

www.tempe.gov/northtempe

Phone: 480-858-6500 Fax: 480-858-6545

RESPONSIBLE PARTY INFORMATION

Last Name	First Name	Business Phone	Cell/Home Phone

ORGANIZATION INFORMATION

Organization Name:						
Mailing Address	City		St	Zip		
Business Phone	Fax	Email Address				
Is the Organization Non-Profit?	Yes	No	Will selling or promoting a commercial product or service take place during the meeting/event?		Yes	No

MEETING INFORMATION

Description of Meeting/Event:						
Number of Attendees:		# of Tables Needed:			# of Chairs Needed:	
Will food/drink or arts & crafts be used?	Yes	No	Target Group(s): Children Teens Adults 18+			
Any special requests/needs:						

ROOM RESERVATION POLICIES

- Use of facility for religious services , political purposes or profit-making functions is prohibited.(City Code section 23-57)
- A Tempe resident must be designated as the "Responsible Party", complete this form and MUST be present during the entire meeting/event.
- All requests must be submitted a minimum of 2 weeks prior to the event. Please allow 1 week for this application to be processed.
- This application is not final approval of your event, including date and location. You are not authorized to advertise an event in a City of Tempe facility until you have received written confirmation. Your request should include time for setup and take down.
- The organization is responsible for their own setup, cleanup and returning any furniture to its original position.
- The organization must check-in at the front desk, pick up an attendance form and return it completed before leaving the facility.
- Selling or promoting a commercial product, service or anything for personal gain is prohibited.
- No smoking or alcoholic beverages are permitted in the facility.
- Any changes or cancellations of reservations must be made ONLY by the responsible party. If a cancellation is necessary, call and notify the facility at least 48 hours prior to the event. Three no-shows could result in termination of scheduled use.

I have read the Room Reservation Policies and will ensure, as the Responsible Party of the meeting/event, which all members in charge will also read and adhere to these policies.

Signature of Responsible Party

Date

FOR OFFICE USE ONLY	DATE RECEIVED:		RESERVATION #:	
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BEGIN RESERVATION REQUESTS**TIME PERIOD****HOURS AVAILABLE**

November 3, 2008
 February 9, 2009
 May 11, 2009
 August 10, 2009

January, February, March 2009
 April, May, June 2009
 July, August, September 2009
 October, November, December 2009

Monday-Thursday 8am-8:30pm
 Fridays 8am-7:30pm
 Saturdays 10am-4:30pm
 Sundays 1pm-5:30pm

ROOM PREFERENCE:

MANZANITA (25) MESQUITE (25) PALO VERDE (25) SISSO (25) CONFERENCE (10) JOSHUA (40) JUNIPER (40)

DATES REQUESTED (PLEASE CIRCLE)

JANUARY 2009						
S	M	T	W	TH	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Facility Closed: January 1st
 Facility Hours January 19th : 12-6pm

FEBRUARY 2009						
S	M	T	W	TH	F	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

Facility Hours February 16th: 12-6pm

MARCH 2009						
S	M	T	W	TH	F	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Spring Break: March 9th-13th

HOURS: _____

HOURS: _____

HOURS: _____

APRIL 2009						
S	M	T	W	TH	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Facility Closed April 12th

MAY 2009						
S	M	T	W	TH	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Facility Closed May 25st

JUNE 2009						
S	M	T	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

HOURS: _____

HOURS: _____

HOURS: _____

JULY 2009						
S	M	T	W	TH	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Facility Closed July 3rd & 4th

AUGUST 2009						
S	M	T	W	TH	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

HOURS: _____

SEPTEMBER 2009						
S	M	T	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Facility Closed September 7th

HOURS: _____

OCTOBER 2009						
S	M	T	W	TH	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Fall Break: October 5th - 9th

HOURS: _____

NOVEMBER 2009						
S	M	T	W	TH	F	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Facility Hours November 11th: 12-6pm
 Facility Closed: November 26th & 27th

HOURS: _____

DECEMBER 2009						
S	M	T	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Facility Hours: December 24th & 31st 8am-5pm
 Facility Closed: December 25th

HOURS: _____